

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s) <span style="float: right;">10/62/746</span>			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2							52			
3		/					53			
4		/					54			
5	/						55			
6	/						56			
7		/					57			
8	/						58			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total	4						Total			
Indep							Indep			
Total	5						Total			
Depend							Depend			
Total	9						Total			
Claims							Claims			